

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION REPORT MESSAGE PARLOR

INSPECTION		GRADE O/A	INSPECTION DATE 8 / 1 / 18	ESTABLISHMENT NAME ANGKANA THAI MASSAGE	
Regular	INSPECTION TIME 10:00 AM / 10:50 AM Hr. Min.		OWNER/OPERATOR HANSAMUT, ANGKANA		
Follow - Up	TRAVEL TIME Hr. Min.		LOCATION LOT 236 - REM UNIT B201 ROUTE 2 AGAT, GU		
Complaint	SANITARY PERMIT 180003085		PERMIT CATEGORY/STATUS (Circle One) Permanent, Temporary, <u>Current</u> , Expired		ESTABLISHMENT TYPE THERAPEUTIC MASSAGE
Investigation					
Other (Specify below)					

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*When any of the following items are cited above, they shall be corrected within

24 hours: (Items 1 to 7, 25, 26, 28, 39 & 40)

Ten days: (Items 8, 9, 13, 14 & 22)

Twenty days: (Items 11, 16, 17 & 38)

Thirty days: (All others from this insp. date)

RECEIVED BY (Name and Title)

DEH INSPECTOR (Name and Title)

J. GARCIA EPHON

J. CRUZ EPPLO